

APPENDIX B

Inventor: Max ROMBI

Appln. No. 09/601,0

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Work Atty: SXD/iamyn

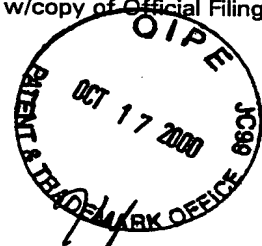
Date: October 17, 2000

Dkt. Clerk Initials



The following was/were received in the U.S. Patent and Trademark Office on the date stamped hereon:

- | | | |
|--|---|---|
| <input type="checkbox"/> Amendment or Response | <input type="checkbox"/> Certificate Under 37 C.F.R. § 3.73(b) | <input checked="" type="checkbox"/> Check for \$ <u>130.00</u> is enclosed |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Transmittal Letter for Missing Parts of Application | <input type="checkbox"/> Check for \$ <u> </u> is enclosed |
| <input checked="" type="checkbox"/> Transmittal Letter to the U.S. Designated/Elected Office (Second Submission) | <input checked="" type="checkbox"/> Executed Declaration/Power of Attorney | <input type="checkbox"/> Charge \$ <u> </u> to Deposit Account |
| <input type="checkbox"/> Petition for <u> </u> Month Extension of Time | <input type="checkbox"/> Assignment/Assignment Recordation Form Cover Sheet (PTO-1595) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Submission of Formal Drawings w/ <u> </u> sheet(s) of drawings (Fig(s). 1- <u> </u>) | <input type="checkbox"/> Claim for Convention Priority w/ <u> </u> certified copy(s) | <input type="checkbox"/> Payment of Issue Fee and Authorization to charge Deposit Account |
| <input type="checkbox"/> Request for Approval of Drawing Changes w/ <u> </u> sheet(s) of red ink drawings | <input checked="" type="checkbox"/> Information Disclosure Statement w/ <u>3</u> document(s) | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> Notice of Appeal | <input checked="" type="checkbox"/> Information Disclosure Citation (PTO-1449) | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Brief for Appellant | <input checked="" type="checkbox"/> Information Disclosure Statement Transmittal Letter | <input type="checkbox"/> Request for Corrected Filing Receipt w/copy of Official Filing Receipt |
| <input type="checkbox"/> Request for Oral Hearing | <input type="checkbox"/> Request for Corrected Notice of Recordation of Assignment w/copy of Notice | <input type="checkbox"/> |
| <input type="checkbox"/> Reply Brief | <input type="checkbox"/> Request for Continued Examination | <input type="checkbox"/> |
| <input type="checkbox"/> Response to Restriction Requirement or Election of Species | | <input type="checkbox"/> |
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